

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. <b>10/584046</b>		FILING DATE				
							APPLICANT(S)						
CLAIMS													
①	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT			AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1										
2		1		1									
3		1		1									
4		1		1									
5		1		1									
6		1		1									
7		1		1									
8		1		1									
9		1		1									
10		1		1									
11		1		1									
12		1		1									
13		1		1									
14		1		1									
15													
16													
17													
18													
19													
20													
21													
22													
23													
24													
25													
26													
27													
28													
29													
30													
31													
32													
33													
34													
35													
36													
37													
38													
39													
40													
41													
42													
43													
44													
45													
46													
47													
48													
49													
50													
51													
52													
53													
54													
55													
56													
57													
58													
59													
60													
61													
62													
63													
64													
65													
66													
67													
68													
69													
70													
71													
72													
73													
74													
75													
76													
77													
78													
79													
80													
81													
82													
83													
84													
85													
86													
87													
88													
89													
90													
91													
92													
93													
94													
95													
96													
97													
98													
99													
100													
TOTAL IND.	1	↓	1	↓	0	↓	TOTAL IND.	0	↓	0	↓	0	↓
TOTAL DEP.	13	←	13	←	0	←	TOTAL DEP.	0	←	0	←	0	←
TOTAL CLAIMS	14		14		0		TOTAL CLAIMS	0		0		0	